

MAY 12 2008

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RECEIVED**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

MAY 12 2008 MB

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIsaac Roach(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart (Sheriff)Cook County Jail

08CV 2758

JUDGE KENNELLY
MAGISTRATE JUDGE KEYS

Ca

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:****COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)****COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)****OTHER (cite statute, if known)****BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Isaac Roach
- B. List all aliases: N/A
- C. Prisoner identification number: 2007-008-7930
- D. Place of present confinement: Cook County Jail / C.C. DOC
- E. Address: 2700 S California

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: Sheriff
Place of Employment: Cook County Jail / C.C. DOC
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Feb 6 2008 I found some finger nails in my food at Cook County Jail on the 3-11 Shift. I told the officer can he wallet it off an told me to give him my tray. He thought I was playing till + told him No an I would like to talk to a white shirt. He told me the white shirt was not going to do shit about it an ask me do I want a second tray an I told him No. I ask them can I see the nurse he told me know they was not going to be able to do a thing about it. I hand my grievance on the 22 of Feb 08 by Macweatleal he ask me why I gave the grievance to 7 to 3 shift I told him officer Nava told me to me to I think to cover his ass. He

He Sent me to dispensary but
the nurse told me it was to late
they should have Sent me the
day it happen their ant a thing
She could do about it now but
she did make of it at the time
I still have the finger nails

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated
for Punitive damage As A Result
of my Consumption of food I was
Injurious and my Health was
Jeopardize

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20 _____

(Signature of plaintiff or plaintiffs)

Isaac Roach
(Print name)

2007-008-7430
(I.D. Number)

2700 S California D.V 11
(Address)

Part-A / Control #: XReferred To: Superintendent D. 10-11 Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS

DETAINEE GRIEVANCE

Detainee Last Name: RoachFirst Name: IsaacID #: 2007 - 0087930 Div.: 11 Living Unit: 4-10 Date: 3-22-08

BRIEF SUMMARY OF THE COMPLAINT: On Feb 6, I found some fingernails in my food another 3-11 sh. #1. One sh. told me to fill out a Grievance and give it to 7-3 white shirt I think to cover their ass because I ask for a white shirt and they told me he was not going to do a thing about it. When I finally had my Grievance on the 22 Feb. R.I.L.T Movement had tried to give me Medical but the Nurse said it was to late. They should have did this when it first happen. I think something should be done about this and somebody should be talked to about their job. I think Ya Doctor and Nurse should be talked to to about it to because they ~~had~~ did not send me to dispensary for Medical when it happen and they told me they was not going to get me a white shirt.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Isaac RoachC.R.W.'S SIGNATURE: Joe Walker, Jr.DATE C.R.W. RECEIVED: 3-22-08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.